



State of South Carolina
Office of The Lieutenant Governor

1301 Gervais Street, Suite 200
Columbia, SC 29201
Phone: (803) 734-9900 Fax (803) 734-9886

André Bauer
Lieutenant Governor

Office on Aging
Cornelia D. Gibbons
Director

Memorandum

To: Interested Persons in the Following Counties: Chesterfield, Clarendon, Lee, Orangeburg, and Williamsburg Counties

From: Terri Whirrett
Deputy Director, Division of Aging Services

Date: July 14, 2006

Subject: Medication Management Grants to Expand Medication Awareness among Seniors 60 years and older who reside in Chesterfield, Clarendon, Lee, Orangeburg, and Williamsburg Counties.

The Division of Aging Network Services, Office of the Lieutenant Governor, Office on Aging, is requesting applications to (1) provide programs that educate seniors on medication management issues, and (2) distribute "vials of life" to seniors who live in rural areas of South Carolina.

Parties interested in receiving a Grant Application Package (GAP) should request a grant application before July 30, 2006. Grant Application Packages (GAP) will be available, July 17, 2006. To obtain a grant package please contact Pamela Blake Grant, Project Coordinator, Division of Aging Services, Lieutenant Governor's Office on Aging, 1301 Gervais Street, Suite 200, Columbia, South Carolina 29201, 1-800-868-9095, or 803-734-9000, or e-mail at grantp@aging.sc.gov. GAPs will be available in hard copy and electronically as a Microsoft Word document with forms that may be completed online, then printed to be used in the grant proposal.

Please share this information with others who you think may be interested and eligible to apply. If you have any questions related to this initiative, please contact Pamela Blake Grant at either of the numbers or e-mail address listed above.

July 2006

STATE OF SOUTH CAROLINA
LIEUTENANT GOVERNOR'S OFFICE ON AGING
MEDICATION AWARENESS Grant Application Request
1301 Gervais Street, Suite 200
Columbia, South Carolina 29201
June 4, 2003

SUBMITTAL DEADLINE: September 8, 2006, 2:00 PM

GRANT APPLICATION REQUEST: To expand medication awareness through (1) promoting the "Vial of Life" project in rural South Carolina and (2) creating or expanding education programs that teach older South Carolinians about managing medications appropriately.

You are invited to submit Grant Applications in accordance with the requirements described in this document. Grant application(s) must be received before or no later than 2:00 P.M., local time, Friday, September 8, 2006, by:

MAIL: Pamela Blake Grant
Program Coordinator
Lieutenant Governor's Office on Aging
1301 Gervais Street, Suite 200
Columbia, South Carolina 29201

-OR-

HAND DELIVERED: No later than Monday, September 8, 2006, 2:00 P.M. local time

TO: Pamela Blake Grant
Program Coordinator
Lieutenant Governor's Office on Aging
1301 Gervais Street, Suite 200
Columbia, South Carolina 29201

NO FAXES WILL BE ACCEPTED. Each Grant Application must be signed by an official authorized to sign on behalf of the sponsoring organization.

Funding made possible through the Older American Act, Title III-D, Health Promotion and Wellness program.

PRELIMINARY TIME TABLE

Grant Period:	October 1, 2006 – September 30, 2007
July 17, 2006	Application Packets Available
August 9, 2006	Pre-Application Workshop
September 8, 2006	Deadline for Grant Application Submission An original and six copies are due no later than 2:00 P.M.
September 9, 2006	Initial Screening of Applications
September 15, 2006	Resolve Issues with Successful Applicants
September 16, 2006	Notification of Grant Awards
September 18, 2006	Mail Grant Award Packages to Grantees
September 25 , 2006	Signed Grant Agreements Due from Grantees
October 1, 2006	Grant Period Begins

PRE-APPLICATION WORKSHOP

A Pre-application Workshop for this Grant Application Package (GAP) will be held at 10 a.m. on August 9, 2006, at the Lieutenant Governor's Office on Aging, 1301 Gervais Street, Suite 200, Columbia, SC, in the conference room..

All potential applicants, especially those individuals who will be actually completing the application, are strongly encouraged to attend. Applicants are encouraged to fax or e-mail questions pertaining to the GAP for the pre-application workshop by August 9, 2006, or questions may be submitted at the workshop. To register for the workshop, please contact:

Pamela Blake Grant
Program Coordinator
Lieutenant Governor's Office on Aging
1301 Gervais Street, Suite 200
Columbia, South Carolina 29201
(803) 734-9893 FAX: (803) 734-9887
E-mail: grantp@aging.sc.gov

Potential applicants are encouraged to identify community partners that will collaborate with the applicant prior to the August 9, 2006, pre-application meeting.

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PART I: GENERAL INFORMATION AND SCOPE OF SERVICE**PURPOSE**

The Lieutenant Governor's Office on Aging, hereafter referred to as **LGOA**, is requesting grant applications for programs that (1) effectively teach Older South Carolinians about their medications and management of them, and (2) promote the "Vial of Life" project.*

TARGET POPULATION

Residents of South Carolina, age 60 and older.

BACKGROUND INFORMATION

Nationally, each state office on aging receives appropriations from the Administration on Aging to implement the Older Americans Act of 1965 (P.L. 106-554). In 2001, the Consolidated Appropriations Act, which provides funds for implementing the Older Americans Act, and section 389 of the Public Health Service Act was amended (P.L. 106-501). The amendment provides funds specifically earmarked for activities related to medication management, screening, and education to prevent incorrect medication usage and adverse drug reactions. This amendment is now a component of Title III, Part D, Disease Prevention and Health Promotion Services. As a result, the LGOA has the responsibility for carrying out the intent of the amendment. The chart below summarizes activities implemented to date.

*See "Vial of Life" Project description in Needs section

SUMMARY
MEDICATION MANAGEMENT ACTIVITY 2001-2006

ACTIVITY	YEAR	PARTNER	RESULTS
Developed 18 Page Activity Book	2001	Aging Network, Churches,, Beauty Shops, Doctor's Offices, Hospitals, Sponsors of Health Fairs	250,000 books distributed
Distributed approximately 200,000 promotional items to reinforce the Medication Management Theme "Be Smart-Ask" (pill boxes, collapsible cups, magnifiers, jar openers, activity books, brochures, comic books, lighted key chains, lighted pens, emery boards, book marks, labels, and stickers)	2001-2003	Aging Network	Increased awareness of medication issues
Translated Activity Book into Spanish & distributed approx. 500 copies	2002-2003	Partners, LGOA	Increased awareness of medication issues
Medication Management Awareness Presentations	2001-2002	Pharmacy Association	800 individuals participated in 25 towns in SC, 200 Pharmacists
Brown Bag Activities (outreach)	2002	Senior Center Charleston County, Pharmacy Association	Provided information and individual contact to 50 seniors
Distributed Promotional Items @ SC State Fair	2001-2002	LGOA, Pharmacy Association, Aging Network	Distributed approx. 100,000 promotional items
Medication Management Power Point Presentation developed	2001	LGOA, Pharmacy Association	Distributed 30 Power Point presentations to pharmacists
Developed Two, 60 Second, Ads for Medication Management Awareness Campaigns	2001	LGOA	Aired for 30 days on Approx. 20 radio stations statewide
Developed Medication Kit	2001	LGOA	Distributed to Aging Network to promote campaign locally
Appearance of local Talk Show	2001	Pharmacy Association, LGOA	Ongoing activity
Awarded 5 Grants: 4 Educational Grants and 1 Research Grant	2003-2005	Franks and Associates (Education) Palmetto Health (Research project) Santee-Lynches (Education) Senior Citizens of Florence County (Education) Senior Solutions (Education)	120 Group Presentations Contacted approximately 3000 individuals 500 Education sessions 65 Partnerships developed 1365 vials of life distributed (Sumter County) Fewer ER and hospital visits

NEED

People who take prescription and over-the-counter drugs (PDOCD) are often not aware of how important it is to manage their medications appropriately. The rise in health care cost can be partly attributed to incorrect use of PDOCD. A number of people are admitted to hospitals, long term care facilities and/or visit emergency rooms because they have negative side effects due to PDOCD. Older Americans are more likely to take three or more medications daily, therefore, are at higher risk than people who are younger.

A study of elderly patients taking four or more prescribed drugs showed that primary care physicians could not accurately list the medications taken by 75% of their patients, and disagreed with 86% of drug schedules. Reportedly, a number of practitioners are concerned that drugs prescribed upon hospital discharge may not correlate with inpatient and preadmission therapy. This can lead to possible omissions, duplicate therapy, unrecognized drug interactions, and readmissions from adverse drug reactions.¹

Medications are key components of treatment regimens for older adults with chronic illnesses. Drugs can be effective tools for the care of patients of all ages. The growth of our population over the age of 65 can be attributed, to some degree, to the availability of effective medicines and vaccines. When managed correctly, medicines can contribute to improved quality of life. However, they also can be a source of many complex health issues, reduced functional status and in some instance premature death. In older adults, drugs use may have greater risks, especially when several drugs are taken at one time.

Drug-related problems include untreated conditions, improper drug selections, overdose or underdose, inability to get needed medication, adverse drug reactions and interactions, lack of medication literacy, and the cost of drugs. Medication issues affect and are affected by all aspects of life. It has been suggested if we are to understand and improve the health challenges medications create, the following four areas must be examined, the biophysical, psychological and cognitive, sociocultural and environmental.

Facts about Seniors and Medication

- People over 65 make up 13 percent of the American population, however, they take 30 percent or more of all prescription drugs sold in this country
- Seniors take 5.8 prescription medications
- Seniors take 3.2 over-the-counter medications
- 83 percent of seniors take at least one prescription per year
- 50 percent of seniors take 10 or more different prescriptions per year
- Seniors take 4 times as many prescriptions per capita as the non-senior population
- Seniors in poor health use 6 times the prescriptions as those in excellent health
- Seniors are at greater risk for medication related problems due to the following: they usually have chronic diseases; the types of medication prescribed (those with strong side effects, drugs which are contra-indicated); under-representation in clinical trials, particularly those over 75; and the shortage of trained professionals in geriatric pharmacotherapy
- 32,000 elderly suffer hip fractures each year from falls caused by medication-related problems

¹ AARP Issue Brief 2002

- Of seniors taking 3 or more chronic medications, 33 percent are re-hospitalized within 6 months of discharge from a hospital; 20 percent of the admissions are due to incorrect medication usage
- Seniors with two or more Activities of Daily Living (ADLs) limitations use 2 times the number of prescriptions as those without ADL limitations ²

South Carolina is largely a rural state. Seventy eight percent (78%) of the 46 counties in South Carolina are considered rural or very rural.* Fifty two percent (52%) of the population lives 40 miles from the closest hospital. Overall, very rural residents are more likely to need emergency services. Thirty seven percent (37%) of very rural residents are more likely than urban residents to have heart problems, 44% more likely to have a heart attack, Fifty two percent 52 % are more likely to have congestive heart failure, 54% are more likely than urban residents to have atherosclerosis (clogged coronary arteries)*. Overall, very rural residents are 35% more likely to die from injuries resulting from an accident of some kind. When one lives in a rural area, accurate and timely information becomes an even more valuable life saving tool.

In many instances, medical information is not written down in a place that is quickly assessable. Often, patients cannot give this information when required, nor do they wear any medical alert devices; and family members are very often unaware of what medicines are being taken and/or the medical condition of the patient. *Data obtained from the South Carolina Offices of Research and Statistics

SCOPE OF SERVICE FOR MEDICATION AWARENESS GRANTS

Medication Management: Managing medication is more than taking medications as instructed. Managing medication is a complex issue and should take into account a number of factors: age, allergic reactions, general health, quality of health care received, literacy, finances, aggressive nature of the patient, socioeconomic status, health practices, geographic location, access to health care, and drug-alcohol interaction. Body changes including weight and the digestive system function can affect Medication absorption.

The “Vial of Life” project: This project is an attempt to save lives by providing crucial medical information quickly during a medical emergency. The program provides individuals with an apparatus to record and store accurate information about one's medical condition, including medications and allergies. This information is kept in the freezer section of the refrigerator and/or the glove compartment of one's automobile. The location is known by Emergency Management Services personnel, policeman and firemen.

Grantee Responsibilities:

- Educate seniors about the importance of medical information devices
- Work with faith based organizations to carry out the scope of services
- Provide training to local fire department, local law enforcement, and emergency management systems on the use of the “vial of life”
- Implement marketing campaign developed by LGOA
- Distribute “vials of life” (the vials will be contributed by the LGOA)
- Develop medication management materials (some materials will be provided by LGOA)
- Use these materials to teach seniors about the importance of managing medications

² AARP Issue Brief 2002

GRANT REQUIREMENTS

ELIGIBILITY: Applicants must show evidence of organizational capability to effectively manage the project. Eligible entities include social service and health care provider agencies, faith-based groups or organizations, aging service providers, educational institutions or other local organizations. Applicants may be public, non-profit or for-profit entities.

ANCILLARY SERVICES: Sponsoring organizations must take responsibility for publicity and outreach activities directed toward recruitment of participants (and volunteers, if applicable). There should be documentation (letters of support and/or commitment) of linkages with other community resources, and funding support designed to ensure long-term continuity of the program.

STAFFING: Staff positions should include professionals with experience in program development and outreach. There must also be evidence of organizational capability to effectively develop and manage the project.

REPORTING: Sponsoring organizations must meet the reporting requirements of the LGOA, which include quarterly fiscal, statistical, and narrative reports. Year-end fiscal and program reports are also required. Applications should be outcome-driven, with clearly defined methodologies for evaluating the project.

MATCHING FUNDS: A ten per cent (10%) match of total project funds is required by the grantee. For example, if \$15,000 is the total project cost, the federal amount would be \$12,750; the project sponsor must provide \$1,500 in cash or substantive in-kind support; and the state match amount would be \$750.

PURPOSE: The Medication Awareness seed grants are (1) for the establishment of educational projects that successfully teach the target population about the importance of managing medications appropriately, and (2) the promotion and distribution of the “vial of life” containers to target population.

These funds are to be directed toward program activities to the maximum extent possible and administrative expenses shall be kept to a minimum.

EXCLUSIONS: Medication Awareness funds may be used for the purpose of providing activities related to medication management, screening, and education to prevent incorrect medication and adverse drug reactions, pursuant to the Consolidated Appropriations Act, 2001 (P.L. 106-554). Medication Awareness grant funds shall not be used for building funds, renovations, capital improvements; major equipment; computer equipment land purchases; cost of building(s)/facilities; bad debts; cost of life insurance when the Grantee is the beneficiary; late payment charges, including penalties and fines; contingency funds; contributions; entertainment; promotional expenses; actual losses which could have been covered by insurance; interest; fund raising costs; investment management costs; profit/losses on disposition of depreciable property or other capital assets and legal fees. LGOA grant funds shall not be used to supplant other sources of funds or to replace lost funding.

LEAD AGENCY: If a Community Coalitions applies for funds, it must designate one entity as the lead applicant organization that will serve as the fiscal agent for the project. If the lead applicant/fiscal agent is a private, not for profit organization, the 501(c)(3) documentation must be attached. The lead applicant may be a public, private or non-profit entity. Suggested partners include the local Council on Aging, Area Agency on Aging, faith-based organizations, universities, health care organizations, and other non-profits organizations. Collaborative efforts are encouraged.

TIME FRAME FOR FUNDING: Costs may be incurred commencing with the beginning date of the negotiated grant through September 30, 2007. If there are project delays and funds are not spent during the 12-month period, at the request of the grantee, LGOA may consider a no-cost extension to the grant. A strong justification for the need for the extension will be requested by the LGOA. The one-time extension would provide the grant applicant with more time to complete the project.

Funds must be expended by September 30, 2007.

DEADLINE FOR APPLICATION: Applications must be received by 2 p.m., local time, on **Friday, September 8, 2006.**

LETTERS OF COMMITMENT: Letters of commitment from partners must be included in the grant application. The letter(s) of commitment must include a description of the partners' roles in the proposed project.

QUESTIONS: Every effort has been made to ensure that all information needed by the applicant is included in this Grant Application Package (GAP). If an applicant finds that he cannot complete a Grant Application without additional information, he or she may submit written questions only to the person designated below, on or before **August 9, 2006 (Pre-Application Conference)**. No written questions will be accepted by LGOA after this date. All replies to written questions will be in writing. When a question received by LGOA is found to be already sufficiently answered in the GAP, that question will be returned to the applicant with a reference to the part of the GAP containing the answer. All written questions, and written replies, will be distributed to all applicants and will be regarded as a part of this GAP.

Questions can be submitted in writing to:

**Pamela Blake Grant, Program Coordinator
Lieutenant Governor's Office on Aging
1301 Gervais Street, Suite 200
Columbia, SC 29201**

E-mail and faxed questions will NOT be accepted.

INDEPENDENT EVALUATION: An independent committee will review the applications.

AMOUNT OF AWARD: Grants will be awarded up to \$15,000. Smaller projects are welcome to apply. Grants will be awarded based on specific evaluation criteria. Multiple grants may be awarded.

GRANT APPLICATION CONSTITUTES OFFER: By submitting a Grant application, the applicant agrees to be governed by the terms and conditions described in this document except where subsequent amendments to any grant resulting from this GAP are specifically agreed to in writing by the parties to supersede any such provisions of this GAP.

NO OBLIGATION TO LGOA: Neither LGOA nor any agent thereof on behalf of LGOA will be obligated in any way by any applicant response to this GAP.

PRE-SCREENING: Grants will be prescreened to ensure for all submission requirements. (See page 5, Pre-Screening, and the Checklist on Page 17.)

AMENDMENTS: If it becomes necessary to revise any part of the GAP, all amendments will be provided in writing to all applicants.

Verbal comments or discussions relative to this solicitation cannot add, delete or modify any written provision. Any alterations must be in the form of a written amendment to all applicants.

RIGHT OF NON-COMMITMENT OR REJECTION: This solicitation does not commit LGOA to award a grant or to pay any costs incurred in the preparation of a Grant Application. LGOA reserves the right to accept or reject any or all Grant Applications received as a result of this GAP, or to cancel in part or in its entirety this GAP if it is in the best interest of LGOA to do so.

NOTICE OF AWARD: Each applicant will be notified by letter after all Grant Applications have been evaluated, and funding has been allocated.

GRANT INCREASE AFTER AWARD: LGOA reserves the right to increase any Grant awarded and implemented under the provisions of this GAP.

OPTION TO EXTEND/CONTINUATION FUNDING: LGOA can extend a grant for a second year if it appears to be in the best interest of LGOA. Second year continuation applications for one half of the original award will be considered on a non-competitive basis, contingent upon the availability of state funds and satisfactory progress toward goals in the first year.

PART II: SPECIAL INSTRUCTIONS AND CONDITIONS

RECEIPT OF GRANT APPLICATION: It is required that the Grant Application be submitted no later than **Friday, September 8, 2006, at 2 p.m.**, either by mail or hand delivery. Applicants mailing Grant Applications should allow a sufficient mail delivery period to ensure timely receipt of their Grant Applications by the issuing office. **Faxes will not be accepted.**

Grant Applications that are mailed, should be sent:

Pamela Blake Grant, Program Coordinator
Lieutenant Governor's Office on Aging
1301 Gervais Street, Suite 200
Columbia, SC 29201

Hand delivered Applications should be delivered to:

Pamela Blake Grant, Program Coordinator
Lieutenant Governor's Office on Aging
1301 Gervais Street, Suite 200
Columbia, SC 29201

PREPARATION OF GRANT APPLICATION: Each Applicant is to submit an original and six (6) copies of the Grant Application, in one package **under seal**. Each copy of the Grant Application should be bound (stapled or spring clipped) in a single volume where practical. Grant Applications should not have hard covers or be spiral bound. All documentation submitted with the Grant Application should be bound in that single volume.

- All Grant Applications should be completed and carefully worded and must convey all of the information requested. If significant errors are found in the applicant's Grant Application, or if it fails to conform to the essential requirements of the GAP, LGOA will be the judge as to whether that variance is significant enough to reject the Grant Application.
- Grant Applications should be prepared simply and clearly, providing a straightforward, concise description of applicant's capabilities to satisfy the requirements of the GAP. Emphasis should be on completeness and clarity of content.
- Grant applications should be submitted on standard 8 1/2x11 white paper. The Grant Application should be double-spaced and a 12-font type should be used.
- Packages containing the Grant Applications should be clearly marked and contain the following information in the lower right of the package:

Medication Management Awareness Grant Application
Pamela Blake Grant, Program Coordinator
Lieutenant Governor's Office on Aging
1301 Gervais Street, Suite 200
Columbia, SC 29201

GRANT APPLICATION STRUCTURE AND CONTENT: The Grant Application must include the following sections, in this order:

- **COVER SHEET:** Submit the completed cover sheet provided with this Grant Application.
- **PROGRAM NARRATIVE:** Submit the completed program narrative provided with this Grant Application. *Program narrative should not exceed 15 double spaced pages.*

- **BUDGET AND BUDGET NARRATIVE:** In the budget narrative, provide a brief line-item justification for every entry. It is important that the budget summary form and the narrative provide a clear picture of how resources will be utilized to conduct the proposed project. The budget narrative should include grantor funds (90%), and local match (10%).

SUMMARY OF APPLICANT'S QUALIFICATIONS: The applicant must, upon request of LGOA, furnish satisfactory evidence of ability to furnish products or services in accordance with the terms and conditions of this GAP. LGOA reserves the right to make the final determination as to the applicant's ability to provide the services requested in this GAP.

ADMINISTRATIVE AND FISCAL CAPABILITIES: LGOA reserves the right to seek additional information to determine the administrative and fiscal capabilities of the applicant.

DOCUMENTS REQUIRED OF *SELECTED* APPLICANTS: Before grant negotiations are finalized, selected applicants may be required to provide the following information to the LGOA. (This information is not to be submitted with your Grant Application.)

- Federal I.D. Number
- Organizational Chart
- Staff Personnel/Travel Policies
- Charter and By-laws of Organization
- Evidence of Signatory Authority
- List of Current Board Members of Governing Body (if applicable)
- Current Fiscal Statement and Copy of Last Audit or Compilation
- Brochures or other marketing materials

REPORTING REQUIREMENTS: Quarterly performance reports must provide a description of the activities conducted during the reporting period, major accomplishments with completion dates and budgets, deviations from the proposed plan, difficulties encountered, solutions developed to overcome difficulties, costs, and major planned activities for the next quarter. If applicable, the grant applicant is responsible for obtaining the necessary information from the other partners to complete the report.

Quarterly and final performance and financial reports must be submitted to LGOA in accordance with this solicitation.

Quarterly Performance Reports are due as follows:

- Report 1, October, November, December – *due* January 20, 2007
- Report 2, January, February, March- *due* April 20, 2007
- Report 3, April, May, June- *due* July 20, 2007
- Report 4, July, August September-*due* October 20, 2007

Final Reports are due as follows: Final reports will be due no later than November 30, 2007 (or 60 days from the expiration date of this grant.)

Fiscal: The Grantee will be required to submit a final fiscal report that includes all cost data, claims for reimbursement, or other fiscal adjustments deemed to be allocable and allowable under this grant. This report should be submitted to LGOA no later than sixty (60) days from the expiration date of this grant. The format for this report is attached in the Appendices of this GAP.

Program: A final program report is also due no later than sixty (60) days from the expiration of this grant. The format for this report is attached in the Appendices of this GAP. The final report

will be a descriptive report, summarizing the project activities, experiences, and in particular, documenting barriers encountered and how they were overcome, and accomplishments. The report should mention the transferability to other areas in the state, if applicable.

Other information to be included follows:

- Total number of participants
- Activities planned (place of the event, number participating, cost, partners)
- Profile of the target population served
- Statement if goal was accomplished and the process used to evaluate results

The following material should be submitted if appropriate to your project:

- All outreach materials developed
- All training materials
- All media or publicity releases
- All data collection instruments

DISCUSSION/NEGOTIATION: By submission of a Grant Application, the applicant agrees that during the period following issuance of the GAP and prior to final award of a grant, applicant shall not discuss this GAP with any LGOA employee or Ms. Pamela Blake Grant.

PART III: EVALUATION CRITERIA

Grant Applications must be in the required format and must be received by 2 p.m. on Friday, September 8, 2006, to qualify for review.

SCREENING: First, all applications will be screened to determine that at least three of the following criteria from the Scope of Services are met:

Projects will:

- Work with faith based organizations to carry out the scope of services
- Provide training to local fire department, local law enforcement, and emergency management systems on the use of the “vial of life”.
- Implement marketing campaign developed by LGOA for the “Vial of Life” project
- Distribute “vials of life” (the vials will be contributed by the LGOA.)
- Provide medication management materials (some materials will be provided by LGOA)
- Teach seniors about the importance of managing medications.

SCORING: Next, all Grant Applications will be reviewed and assigned an overall score based on the criteria listed below.

Understanding the Program concept (25Points)

- Project implementation and design goals are appropriate
- Project design can be replicated
- Identify critical barriers to managing medications appropriately
- Develop, test, and document feasible, effective and efficient methods/s of helping South Carolina seniors learn more about the importance of taking medication correctly and the benefits of managing medications appropriately.

Organizational Capacity (30Points)

- Application describes a clearly defined chain of command, the roles and responsibilities of all partners
- Application identifies a person who will coordinate project activities
- Application demonstrates evidence of the grant applicant's organizational skills and capabilities
- Application shows understanding of the importance of privacy and confidentiality
- Identify critical barriers to managing medications appropriately

Management and Budget (30Points)

- The management plan provides a concise and detailed description of timelines and milestones and how management will ensure that timelines are met.
- Staff qualifications are adequate to manage the project.
- The budget request is adequate to support the project.
- Application shows sustainability beyond the grant period.
- The projection of numbers of persons to be served is commensurate with the budget.

Pertinent Experience (15 Points)

- Experience with the target population
- Knowledge of medication management issues
- Outreach experience

Collaborations and Partnerships (25 Bonus Points)

- Written letters of commitments from partners
- Clearly defined roles and responsibilities of each partner
- Build on community partnerships to provide information and services related to medication awareness to the South Carolina Senior population, including the underserved.
- Build on partnerships to provide culturally appropriate outreach to underserved populations.
- Combine the initiative with faith-based organizations and/or health promotion activities.

NOTE: When making funding decisions, LGOA will consider communities that are geographically dispersed and socio-economically diverse.

APPENDICES

A. Grant Application Forms

- Grant Application Cover Sheet
- Checklist Review Form
- Program Narrative
- Budget Form
- Project Budget Narrative

B. Report Forms

- Final Program Report Form
- Final Fiscal Report Form

MEDICATION AWARENESS PROGRAMS AND PROJECTS
GRANT APPLICATION COVER SHEET

Use the <TAB> key to move from field to field. The area will expand as you type.

GRANT PERIOD: OCTOBER 1, 2006 THROUGH SEPTEMBER 30, 2007					
Organization Name:					
Address:					
City:		State:	SC	Zip:	
County Name:					
Telephone:	() -	FAX:	() -		
Email:					
Contact Person for Application:					
Partner Organizations:					
1.					
2.					
3.					
4.					
Federal EIN:					
Grant Budget:		Project Total (100%):			
		Grant Amount (90%):			
		Applicant Match (10%):			
Counties to be served:					
Name and Title of Person with Signature Authority:					
Name:				Title:	
Signature:					
Date:					

CHECKLIST REVIEW FORM

Click in each box to "Check" the item:

- ☐ 1. **Six (6) copies of the Grant Application plus the original delivered to LGOA by 2:00 P.M. on Wednesday, July 9, 2003.**
- 2. **Each copy of the Grant Application must contain the following (in this order):**
 - ☐ Completed Grant Application Cover Sheet
 - ☐ Checklist Review Form
 - ☐ Program Narrative Form
 - ☐ Program Narrative Pages (limited to 15 pages)
 - ☐ Project Budget and Budget Narrative
- 3. **Attachments:**
 - ☐ 501(c)(3) documentation if applicable
 - ☐ Resume(s)
 - ☐ Letters of Collaboration/Support/Commitment

2003-2007 GRANT APPLICATION
PROGRAM NARRATIVE FORM

Use the <TAB> key to move from field to field. The area will expand as you type.

Name of Sponsoring Organization:								
Address:								
City:					State:	SC	Zip:	
Name and Title of Person with Signature Authority:								
Name:					Title:			
Telephone:		() -		FAX:		() -		
Name and Title of Person to Contact for this Grant::								
Name:					Title:			
Type of Sponsoring Agency:								
<input type="checkbox"/>	Aging Service Provider							
<input type="checkbox"/>	Adult Day Care Center							
<input type="checkbox"/>	Area Agency on Aging							
<input type="checkbox"/>	Caregiver Resource Center							
<input type="checkbox"/>	College or University							
<input type="checkbox"/>	Community Center							
<input type="checkbox"/>	Family Service Agency							
<input type="checkbox"/>	Health Care Organization							
<input type="checkbox"/>	Hospital							
<input type="checkbox"/>	Long Term Care Facility							
<input type="checkbox"/>	Public Agency							
<input type="checkbox"/>	Religious Organization							
<input type="checkbox"/>	Senior Cener							
<input type="checkbox"/>	YM/YWCA, YM/YWHA or JCC <input type="checkbox"/> Other (specify below)							
Type of Application:								
<input type="checkbox"/>	Education							
<input type="checkbox"/>	Demonstration Project							
Geographic Location of Program Site:								
<input type="checkbox"/>	Rural			<input type="checkbox"/>	City			
<input type="checkbox"/>	Urban			<input type="checkbox"/>	County			
<input type="checkbox"/>	Small Community			<input type="checkbox"/>	Not Yet Known			
<input type="checkbox"/>	Suburban							

PROJECT NARRATIVE

Use the <TAB> key to move the cursor to each item, then type in your information. The area will expand as you type. Remember that you are limited to 15 pages for this section.

I. The Sponsoring Organization

- a. Brief statement of the sponsoring organization mission:
- b. Statement of the capability of the sponsoring organization to have access to seniors who take more than four medications a day.
- c. Name & title of staff person who will be administratively responsible for the program:
- d. Name of proposed Program Coordinator, if known, and current title and responsibilities if that person is a staff member at the present time:

II. The Proposed Educational Program

- a. Description of the proposed program goals and objectives:
Include target audience, number of programs, topics to be covered, location of program, format, time schedule and credentials and experience of trainers.
- b. include information on proposed sites for the educational programs.

III. The Vial of Live Project

- a. State the goals and objectives for the project:
- b. Describe plans for outreach to seniors:
- c. Describe plans to involve emergency management systems in the area: police, fire departments, and others, if applicable:
- d. Describe other activities to be undertaken, including time frames:

III. Sponsor and Community Resources

- a. Description of medication awareness programs and services currently operating in the community.
- b. List community resources that might be made available to enrich the services provided to participants (i.e., pharmaceutical or medical counseling, support group, health and wellness programs, faith-based organizations:
- c. State why this program is needed in your community and why your agency should be selected to establish a Medication Awareness Program or Demonstration Project.
- d. Explain how you will coordinate the proposed activities with existing medication awareness programs, health and wellness programs and Aging services.
- e. Explain how you will evaluate the success of the program if funded.

IV. Funding Information (Click in the box to “check” yes or no.)

- a. Are the funds for the matching contribution of the sponsoring organization currently available? ☐ Yes ☐ No If yes, please specify sources, amounts of matching contributions and whether these are cash or in-kind. If no, when is it anticipated that funds will be made available?
- b. Indicate plans for future funding and fund raising that will ensure continuity of the program for the second year and beyond.

V. Attachments - All attachments must be securely stapled to the back of each application.

- a. Verification of organization's 501(C)(3), public entity or equivalent tax exempt status (labeled as Attachment A), if applicable.
- b. Resume of staff person who will be administratively responsible for the Medication Awareness Program (labeled as Attachment B). Applicants for educational grants should include resume(s) of proposed trainers.
- c. Resume of proposed Medication Awareness Program Coordinator, if known. (labeled as Attachment C).
- d. Up to 3 letters of support from key service agencies in the Community may be submitted (e.g., Area Agency on Aging, pharmacy, physician, health and wellness organizations, etc.) (All letters of support **must** be submitted with applications. Letters of support mailed separately or sent by facsimile will not be accepted. All letters of support labeled as Attachment D).

PROJECT BUDGET FORM

The table below will automatically calculate the total for each column. After entering amounts in the first two (2) columns, right click on the **Totals** cells at the bottom of these columns and the ones on the right in Col. 3 (Total III-D + Match) and select **“Update Field.”**

Category	Title III-D	Local Match	Total III-D + Match
Personnel	\$0.00	\$0.00	\$0.00
Meals	0.00	0.00	0.00
Supplies	0.00	0.00	0.00
Printing/Copying	0.00	0.00	0.00
Telephone	0.00	0.00	0.00
Postage	0.00	0.00	0.00
Travel	0.00	0.00	0.00
Other (specify)	0.00	0.00	0.00
TOTALS	\$ 0.00	\$ 0.00	\$ 0.00

Note: for a project budget of \$15,000, the Title III-D portion would be \$12,750; the State match would be \$750; the local match would be \$1,500.

It is not necessary to show match on each line, but the total budget lines must reflect the correct match amounts. Example: if a third party is providing in-kind match for all meals, then no federal or state funds would be entered on that line.

If you have questions regarding the completion of this budget form, please contact Joanne Metrick at (803) 734-9935.

PROJECT BUDGET NARRATIVE

Please provide a brief line-item justification for every entry. The Project Budget Narrative should include grantor funds (90%) and local match (10%).

MEDICATION AWARENESS PROGRAMS/PROJECTS
FINAL PROGRAM REPORT

A report, using this format, is to be submitted within 60 days of the end of the grant period.

Use the <TAB> key to move the cursor to each item, then type in your information. The area will expand as you type.

Project Name:

Grantee Name:

Project Director Name:

Grant Period:

Executive Summary: A brief description of the project, project highlights, project outcomes, self-assessment of the success of this project, whether it will continue after the grant funding, and its potential for replication.

Project Goals: (From your original Grant Application)

Project Objectives: (From your original Grant Application)

Performance Measures: Data which describe the performance of the project in achieving its goals and objectives. The type of data would vary depending on the type of project. If you are able to provide data on how the lives of the people served by the project were improved, that should be included, too.

The Final Program Report is to be submitted within 60 days of the end of the grant period. Detailed instructions on final fiscal report form completion will be provided at the Grant Procedures Workshop on July 20, 2003.

MEDICATION AWARENESS PROGRAMS/PROJECTS
FINAL FISCAL REPORT

Grantee Name:

Contract Number:

Total Grant Award:

Title III-D Funds:

Local Match:

Report of Expenses by Category

The table below will automatically calculate the total for each column. After entering amounts in the first two (2) columns, right click on the **Totals** cells at the bottom of these columns and the ones on the right in Col. 3 (Total III-D + Match) and select **“Update Field.”**

Category	Title III-D	Local Match	Total III-D + Match
Personnel	\$0.00	\$0.00	\$0.00
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Telephone	0.00	0.00	0.00
Postage	0.00	0.00	0.00
Travel	0.00	0.00	0.00
Other (specify)	0.00	0.00	0.00
TOTALS	\$ 0.00	\$ 0.00	\$ 0.00

Signature:		Date:	/ /
Title:			